



FOR OFFICE USE ONLY

CASE NO. \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

## CONDITIONAL USE PERMIT APPLICATION GENERAL

### Minimum Requirements

- \_\_\_\_\_ \$300.00 application, processing, and notification fee
- \_\_\_\_\_ \$200.00 site plan review fee (includes 3 staff reviews).
- \_\_\_\_\_ \$200.00 Development Permit Application Fee if applicable.
- \_\_\_\_\_ \$600.00 Public Infrastructure Inspection Fee if applicable. (This fee is payable if construction of a public waterline, sewerline, sidewalk, street or drainage facilities is involved.)
- \_\_\_\_\_ Ten (10) copies of site plan which includes requirements for site plan proposals as listed on attached sheet. This site plan will be reviewed by Staff, after which ten (10) copies of revised site plan may be required.
- \_\_\_\_\_ Detailed explanation of proposed use including hours of operation, anticipated traffic, total building capacity, number of employees, number of students, children, ages of children, etc., as applicable.

Date of Required Preapplication Conference: \_\_\_\_\_

### Conditional Uses: (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Day Care, Commercial in R-4, R-6, R-7             | <input type="checkbox"/> Multi-Family in WPC                   |
| <input type="checkbox"/> Drive-in/thru window in WPC                       | <input type="checkbox"/> Parking as a Primary Use in A-P, NG-2 |
| <input type="checkbox"/> Educational Facility, Outdoor Instruction in A-OR | <input type="checkbox"/> Theater in NG-3                       |

NAME OF PROJECT \_\_\_\_\_

ADDRESS \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_

### APPLICANT'S INFORMATION (Primary Contact for the Project):

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### PROPERTY OWNER'S INFORMATION:

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

ARCHITECT OR ENGINEER'S INFORMATION:

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

OTHER CONTACTS (Please specify type of contact, i.e. project manager, potential buyer, local contact, etc.)

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

PRESENT USE OF PROPERTY \_\_\_\_\_

PROPOSED USE OF PROPERTY \_\_\_\_\_

CURRENT ZONING OF PROPERTY \_\_\_\_\_

VARIANCE(S) REQUESTED AND REASON(S) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF PARKING SPACES REQUIRED \_\_\_\_\_

NUMBER OF PARKING SPACES PROVIDED \_\_\_\_\_

<u>RESIDENTIAL</u>	<u>COMMERCIAL</u>	<u>PARKLAND</u>
Total Acreage _____	Total Acreage _____	<u>DEDICATION*</u>
Housing Units _____	Building Sq. Ft. _____	_____ DU X \$452
	Floodplain Acreage _____	Total = _____

Residential development will require Parkland Dedication at the time of Building Permit (\$452 per dwelling unit).

**APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT THE FOLLOWING INFORMATION ADDRESSED:**

State how the following issues will be addressed:

1. Parking.

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2. Screening of offensive areas (trash, loading areas, transformers, utility connections, detention ponds, etc.).

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3. Traffic impacts.

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4. Protection of neighborhoods.

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I verify that all of the information contained in this application is true and correct.

\_\_\_\_\_  
Signature of Owner, Agent or Applicant

\_\_\_\_\_  
Date